

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2013– 2014

Part A: General Information**Subject area and awards being examined**

Faculty / School of:	School of Medicine
Subject(s):	Medicine
Programme(s) / Module(s):	MBChB / Year 4
Awards (e.g. BA/BSc/MSc etc):	MBChB

Name and home Institution / affiliation of Examiner**Completed report**

The completed report should be attached to an e-mail and sent as soon as possible, and no later than six weeks after the relevant meeting of the Board of Examiners, to exexadmin@leeds.ac.uk.

Alternatively you can post your report to: **Head of Quality Assurance**
Room 12:81, EC Stoner Building
The University of Leeds, Leeds LS2 9JT

Part B: Comments for the Institution on the Examination Process and Standards**Matters for Urgent Attention**

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box

. None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

Yes

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School

not applicable

Standards

1. Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award

- *The appropriateness of the Intended Learning Outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

ILOs and programme structure are appropriate. Standards are good.

2. Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

I have not compared the ILOs, etc., with the QAA benchmark statement on this occasion. The programme has received satisfactory reviews from the General Medical Council in 2005 and 2012 and the curriculum outcomes meet the requirements stated in the GMC's *Tomorrow's Doctors*. The Year 4 course has many features in common with that at <> and <> and other UK medical schools

3. Please comment on the assessment methods and the appropriateness of these to the ILOs

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

The Year 4 MBChB assessments for progression follow best practice in using Single Best Answer and Extended Matching Questions to test 'knowledge and its application'. The test items are usually linked to a scenario or clinical vignette (in Papers 1 and 3 or to a scenario with visual stimulus material (in Paper 2). These techniques ensure the assessment of clinical reasoning skills as well factual recall. Clinical skills are assessed using Objective Structured Clinical Examinations (OSCEs) These are the most widely used and validated format for the assessment for these skills.

Each of the 5 integrated core modules (ICM) in Year 4 has its own assessment pattern using a combination of written case reports and workplace based assessments. supplemented with specific clinical skills' assessment and monitoring of professionalism.

Overall the ICM and progression assessments provide a robust assessment profile to ensure that competencies and IOLs for the year are achieved.

4. Were students given adequate opportunity to demonstrate their achievement of the Aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

Yes. Year 4 of the MBChB programme now employs 'sequential testing'. There are no autumn resits and failing candidates are required to repeat the year to remediate their performance. In order to be confident that students have achieved the standard required to progress at the end of the Sequence 1 assessments, sequential testing requires both test materials and passing standards to be particularly robust. The Sequence 1 written examinations are as large as many first sit examinations elsewhere. The 16-station OSCE is perhaps minimal in size for Year 4 but still of adequate size. The passing standards for Sequence 1 exams are substantially higher than for a conventional first-sit examination and must be passed at a standard +1 (MCQ) or +2 (OSCE) standard errors of measurement above the raw pass mark. These are demanding standards. The minority of candidates who proceed to the Sequence 2 examinations will eventually have completed much more searching written and OSCE assessments than their colleagues in many UK medical schools would experience at a first sitting.

When I reviewed the written papers and OSCE stations prior to the June 2014 examinations, I found these were at an appropriate level for Year 4 and the passing standards set by the examiners and corroborated by *post hoc* statistical analyses were also appropriate as far as I could judge. (See also my comments in Section 5)

The nature of the assessment materials makes it difficult to judge the strengths and weaknesses of the cohort by looking at candidate 'product'. However, the assessment content is carefully blueprinted to the curriculum ILOs. Therefore simple analysis of the tables of candidates scores can be used by examiners to identify directly the strengths and weaknesses of the cohort and relate these to teaching and learning in Year 4.

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

The full OSCE examination (Sequence 1 plus Sequence 2) comprises 24 stations drawn from the five ICMs of Year 4. An excellent blueprint is used to ensure appropriate sampling of generic and specific skills' domains across the five modules and the latest version of this blueprint also includes cross reference to the General Medical Council's *Good Medical Practice* and *Tomorrow's Doctors*. This is commendable.

I was able to observe directly the conduct of the Sequence 1 OSCE examination (Stations 9 to 16) held on June 12th in the

Sports Hall and MTC. OSCE stations require examiners to complete an itemised checklist for each candidate. I did not have sight of these, but, once again, the performance of all three OSCE sessions produced acceptable metrics from statistical analysis. These metrics also addressed reliability of individual stations and of the whole examination as well as the consistency of scoring produced within and between examiners.

I found the conduct of the OSCE exemplary. It was highly organised and ran with precision on a very large scale. The conduct of examiners and simulated patients was generally good and often excellent. The performance of the small sample of candidates whom I observed in detail showed the range of ability I would expect in Year 4 MBChB students. Almost all competent candidates were able to complete the clinical tasks in the time allocated. I also observed one of the extra time circuits and found that most candidates finished with time to spare.

It is a moot point whether candidates with dyslexia should be afforded extra time as a 'reasonable adjustment' for OSCE-type assessments, since the burden of material to read and requirements to write are minimal. Observation suggests to me that the extra time is not really required by competent candidates. Doubtless the University will have a formal view of the degree to which adjustments should be applied in assessments requiring the demonstration of psychomotor rather than simple pen and paper skills.

6. Please comment on the nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

Year 4 is now in its second cycle of sequential testing. Sequential testing is a useful technique in assessment and merits consideration and possibly wider use by other schools. By extending the testing process it is possible to form a clearer view as to whether a weak candidate is in fact above the borderline fail level and therefore fit to progress. Those who do not meet this criterion are required to repeat the year. While this may seem harsh, their lack of sufficient competence is better established by the sequential approach. Where traditional resits are employed there is always concern about the short period for remediation before resit and the possibility that a candidate in the pass-fail region can pass at a second attempt by random 'noise' (i.e. error variance) in the marks.

In the OSCE the ability to test all candidates in a half-day overcomes concerns about 'leakage' of station content from one section of the cohort to another. The organisation required to do this is daunting and the OSCE organisers should be commended for their efforts. The use of children as simulated patients in the OSCE is also commendable, in providing increased fidelity to OSCE settings, as is the use of 'Scrutineers' to ensure consistency of student experience across circuits.

7. Please comment on the influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

I have been unable to judge the extent to which the curriculum, teaching and learning are influenced by current research. Assessment practice, however, is strongly influenced by current research and best practice and the Leeds medical education group has an international reputation for the design and quality assurance of OSCE examinations and for pioneering work on the use of sequential testing.

8. Where the programme forms part of an Integrated PhD, please comment on the appropriateness of the programme as training for a PhD

n/a

For Examiners involved in mentoring arrangements

9. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

I was appointed Mentor to my co-examiner, <>, although, in truth, other than some exchange of views by email, I have not had to provide any advice or counsel

The Examination/Assessment Process

10. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner.

Whether External Examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.

A comprehensive guide was provided in the University's External Examiner Handbook 2013-14. Both Administrative and academic staff in the Medical School were very helpful.

- 11. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks, marking criteria?**
The coherence of the policies and procedures relating to External Examiners and whether they match the explicit roles they are asked to perform.

Some core information was provided by email. Other course materials etc., were available via SharePoint.

- 12. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?**

Yes. Copies of written and OSCE examinations were supplied in good time for my comments to be considered. I received collated comments from the external examiners together with examiners' responses well before the examination period. The nature and level of assessment materials was appropriate. I draw the attention of the examiners to some general comments in the section entitled 'Other comments', below.

- 13. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?**

There are no 'scripts' in the Year 4 progression assessments, so marking and annotation of scripts were not observed. For the MCQ papers and OSCE examinations a helpful and comprehensive statistical report was provided at the Examination Board. This gave detail on the performance of the 2014 cohort and included comparisons with earlier cohorts. The data for the written papers (based in part on the analysis of anchor questions in this year's and last year's written papers) indicated that the 2014 cohort was of a slightly higher standard. The conventional view of the 'standard of student work' is not something that can readily be judged during the visits of an external examiner because of the nature of the MBChB progression assessments. The passing standard (the score required to demonstrate minimum acceptable competence) for each assessment is determined by an approved standard setting method (Ebel method for the written papers and borderline regression for the OSCE). I have strong confidence in the standards required of candidates because of the standard setting methods used and the evaluation of these methods provided by the statistical report supplied to the Board.

Both written and OSCE Sequence 1 and Sequence 1+2 examinations have reliability metrics (coefficient alpha) which are good to excellent, so that confidence can be placed in the accuracy and reproducibility of candidates' scores and of the standards achieved.

- 14. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?**

Not applicable to my role

- 15. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?**

Administrative arrangements were outstanding. I have already commented on the outstanding management of the large and complex OSCE examinations. Examination materials were sent to me in good time for review and my comments acknowledged. The Examination Board processed both Year 3 and Year 4 outcomes at a single, well organised, well-attended and well-chaired meeting. I was particularly impressed with the short summaries which prefaced each set of mark sheets, giving details of candidates in difficulty and their previous history, etc. This focussed decision-making admirably. I have already remarked on the detailed statistical reports for the Year 4 examinations.

- 16. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?**

Yes. The information was reviewed at a separate meeting outwith the Board and recommendations made for the Board's approval. This system worked well.

Other comments

Please use this box if you wish to make any further comments not covered elsewhere on the form

I have been generally impressed by the design and conduct of the Year 4 MBChB examination cycle. I include here two criticisms and one suggestion for the attention of the examiners. I also mentioned these in my oral report to the Board.

- 1) A good number of MCQ items, in otherwise excellent papers, failed what is known as the 'cover the options test'. The significance of this test is well known to the examiners and the test ensures that all single best answer and extended matching questions meet the basic quality standard for such items. I would hope not to see any items failing this test in future examinations.
- 2) In general the OSCE stations were well designed and worked well. I am of the view that the high cost of OSCEs

means that they should concentrate exclusively on assessment of observable skills which involve the candidate interacting with real or simulated patients, their relatives or with clinical colleagues. One or two stations tested skills which could easily be assessed more simply and cheaply using MCQ items. If candidates must interpret test or investigation data provided at an OSCE station, this should at least be in the context of communication of a patient's condition or treatment to a patient, a patient's relative, or a clinical colleague. Stations should generally minimise or avoid the structured viva format.

- 3) The Sequence 1 MCQ papers could be reduced in size somewhat and still serve their purpose well, providing that blueprint coverage and test reliability can be maintained with a reduced number of items.

The University of Leeds

EXTERNAL EXAMINER'S REPORT

ACADEMIC YEAR: 2013– 2014

Part A: General Information**Subject area and awards being examined**

Faculty / School of:	Faculty of Medicine and Health, School of Medicine
Subject(s):	Year 4 MBChB
Programme(s) / Module(s):	Year 4 OSCEs and written examinations
Awards (e.g. BA/BSc/MSc etc):	MBChB

Name and home Institution / affiliation of Examiner**Completed report**

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Part B: Comments for the Institution on the Examination Process and Standards**Matters for Urgent Attention**

If there are any areas which you think require urgent attention before the programme is offered again please note them in this box

None

Only applicable in first year of appointment

Were you provided with copies of previous relevant External Examiners' reports and the response of the School to these?

Yes

For Examiners completing their term of appointment

Please comment on your experience of the programme(s) over the period of your appointment, remarking in particular on changes from year to year and the progressive development and enhancement of the learning and teaching provision, on standards achieved, on marking and assessment and the procedures of the School

Standards

1. Please indicate the extent to which the programme Aims and Intended Learning Outcomes (ILOs) were commensurate with the level of the award

- *The appropriateness of the Intended Learning Outcomes for the programme(s)/modules and of the structure and content of the programme(s);*
- *The extent to which standards are appropriate for the award or award element under consideration.*

During year 4 students have six ICUs in psychiatry, paediatrics and child health, gynaecology, obstetrics and sexual health, emergency and critical care, and continuing care and cancer. The aims and intended learning outcomes within these individual units as judged by the assessment seem appropriate and commensurate with the expected level of achievement of year 4 medical undergraduates, given that in some areas they will not go on to study the area further. The standards expected of students I considered high, however my experience of attending the OSCE examination is that these standards were met by the vast majority of students.

2. Did the Aims and ILOs meet the expectations of the national subject benchmark (where relevant)?

- *The comparability of the programme(s) with similar programme(s) at other institutions and against national benchmarks and the Framework for Higher Education Qualifications.*

I am able to compare the standards students are expected to achieve with fourth and fifth year undergraduates in the Bristol medical undergraduate programme and found these to be comparable. The national benchmark would be the GMC's Tomorrow's Doctors, and the aims and intended learning outcomes were consistent with these aims and objectives.

3. Please comment on the assessment methods and the appropriateness of these to the ILOs

- *The design and structure of the assessment methods, and the arrangements for the marking of modules and the classification of awards;*
- *The quality of teaching, learning and assessment methods that may be indicated by student performance.*

I reviewed the year 4 written examination papers and the OSCE stations for both the initial and sequential testing. I attended day 1 of the first OSCE.

The written papers seemed to cover the year 4 curriculum well, and generally were well written. Some of the questions were clearly not best of five, some failed the 'cover test', and a few had negative lead ins, which we suggested should be phased out for next year as they can be confusing for students.

I reviewed all the OSCE stations and was impressed by the standardisation of the cover sheets and marking schedules used. The OSCE clearly covered the year 4 curriculum as I received a blueprint to this effect, and was logged on a blueprint against Good Clinical Care within Tomorrow's Doctors – this was very useful in reassuring that the necessary breadth of curriculum was to be examined. I wonder whether such an exercise would be equally useful for the written examination? The division of marks to be awarded for individual components of each OSCE station into x, y and z ie not competent, not fully competent and competent represented a simple and efficient way to apportion marks and would aid student feedback in those students needing it should they not be successful. The apportionment of component marks seemed practical and sensible.

The good to excellent student performances I witnessed would suggest high quality teaching, learning and assessment methods.

4. Were students given adequate opportunity to demonstrate their achievement of the Aims and ILOs?

- *The academic standards demonstrated by the students and, where possible, their performance in relation to students on comparable courses;*
- *The strengths and weaknesses of the students as a cohort.*

I attended day 1 of the OSCE and was impressed with the performance of the students that I saw. I judge them as comparable to students on the Bristol medical undergraduate programme, in some areas in their fifth year. In general their clinical and communication skills seemed to be good. My only observation, which is also consistent with Bristol medical students is that they should introduce themselves better. 'I'm Sarah, I'm one of the doctors' is not going to be adequate in the NHS. This may be a personal bugbear!

5. For Examiners responsible for programmes that include clinical practice components, please comment on the learning and assessment of practice components of the curriculum

I attended day 1 of the year 4 OSCE. I was extremely impressed by the organisation, staffing and running of this very complex examination. I was particularly impressed with the number of examiners and independent scrutineers that were fielded on a given day, and felt the role of the specialty specific scrutineers was particularly useful. The examiners and simulated patients were clearly very well briefed and trained and the students were clear what would happen. The OSCE assessed relevant and important practical skills, knowledge and attitudes in a realistic and objective manner. The students' performance demonstrated that they were clear what was expected of them academically.

6. Please comment on the nature and effectiveness of enhancements to the programme(s) and modules since the previous year

It would be particularly helpful if you could also identify areas of good practice which are worthy of wider dissemination.

I understand that sequential testing has been introduced into year 4 this year, and the Exam Board was satisfied with how it had performed. This is my first year as an external examiner at Leeds so I cannot compare this with the previous assessment methods, but was satisfied that it had not led to substantially more or fewer students being asked to

repeat the year.

7. Please comment on the influence of research on the curriculum and learning and teaching

This may include examples of curriculum design informed by current research in the subject; practice informed by research; students undertaking research.

The written examination and OSCE stations were clearly testing evidence-based practice, or best accepted practice in areas where the evidence base is poor. Whilst the Research, Evaluation and Special Studies project runs through year 4 it is not completed or finally assessed until year 5 and I have not seen any examples of these projects this year.

8. Where the programme forms part of an Integrated PhD, please comment on the appropriateness of the programme as training for a PhD

Not appropriate

For Examiners involved in mentoring arrangements

9. If you have acted as a mentor to a new External Examiner or have received mentor support please comment here on the arrangements

I have had useful email conversation with <> when reviewing the written papers and OSCE stations.

The Examination/Assessment Process

10. The University and its Schools provide guidance for External Examiners as to their roles, powers and responsibilities. Please indicate whether this material was sufficient for you to act effectively as an External Examiner.

Whether External Examiners have sufficient access to the material needed to make the required judgements and whether they are encouraged to request additional information.

It was sufficient thank you.

11. Did you receive appropriate documentation relating to the programmes and/or parts of programmes for which you have responsibility, e.g. programme specifications or module handbooks, marking criteria?

The coherence of the policies and procedures relating to External Examiners and whether they match the explicit roles they are asked to perform.

I did.

12. Were you provided with all draft examination papers/assessments? Was the nature and level of the questions appropriate? If not, were suitable arrangements made to consider your comments?

I was provided with all of the year 4 written papers and the OSCE stations, commented on them and they were amended following these comments. It was very useful to receive a document which amalgamated the comments of both external examiners, and how the questions had been changed to reflect these comments, if necessary.

The level and nature of questions was generally appropriate.

13. Was sufficient assessed / examined work made available to enable you to have confidence in your evaluation of the standard of student work? Were the scripts clearly marked/annotated?

The written paper consisted of MCQs so the results were sufficient. I was able to observe a good number of students in a number of OSCE stations and to see how the examiners within those stations marked those students and was satisfied with the standard of student performance and that this was represented clearly and fairly within the marking schedules.

14. Was the choice of subjects for dissertations appropriate? Was the method and standard of assessment appropriate?

No relevant

15. Were the administrative arrangements satisfactory for the whole process, including the operation of the Board of Examiners? Were you able to attend the meeting? Were you satisfied with the recommendations of the Board?

The administrative arrangements have generally been very good, although I had to confirm the time and ask for the venue of the Board of Examiners. I was able to attend the meeting and was satisfied with the recommendations of the Board. There was some discussion around removing the correction for guessing using the Ebel method for standard setting; neither of the external examiners had ever seen this used. Its use initially led to a higher than expected number of students being brought back for sequence 2 of sequential testing. It was also removed for these students resulting in a number of fails comparable with previous years. The team has committed to looking at this with statisticians for subsequent years.

16. Were appropriate procedures in place to give due consideration to mitigating circumstances and medical evidence?

I am assured that those students requiring it were given extra time for their written examinations as suggested by the Disabled Students Assessment and Support Service.

I was able to observe a small cohort of students who required extra time during their OSCE. I was not convinced that they required more time than that required for reading the task at the beginning of each station, as it is very likely that the skill to be tested would not take them any longer than any other student. Certainly in Bristol students are not awarded extra time for OSCEs, the logic being that they will need to be able to complete skills in comparable time to others within the NHS when they commence work.

Other comments

Please use this box if you wish to make any further comments not covered elsewhere on the form